


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Benton

Conventional or Direct Filtration

System Name: Corvallis, City of ID#: 41 00225 WTP-: WTP - B Month/Year: Mar / 2024

Day	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading of the Day 1 (NTU)
1	0.03	0.03	0.03	0.03	0.04	0.03	0.05
2	0.03	0.03	0.03	0.03	0.04	0.03	0.04
3	0.03	0.03	0.03	0.03	0.03	0.03	0.05
4	0.03	0.03	0.03	0.03	0.04	0.03	0.05
5	0.03	0.03	0.03	0.03	0.04	0.03	0.04
6	0.03	0.03	0.03	0.03	0.04	0.03	0.05
7	0.03	0.03	0.03	0.03	0.03	0.03	0.04
8	0.03	0.03	0.03	0.03	0.03	0.03	0.05
9	0.03	0.03	0.03	0.03	0.03	0.03	0.06
10	0.03	0.03	0.03	0.03	0.04	0.04	0.06
11	0.03	0.03	0.03	0.03	0.03	0.03	0.05
12	0.03	0.03	0.03	0.04	0.03	0.03	0.04
13	0.03	0.03	0.03	0.02	0.03	0.03	0.06
14	0.03	0.03	0.03	0.03	0.03	0.03	0.06
15	0.03	0.03	0.03	0.03	0.03	0.03	0.04
16	0.03	0.03	0.03	0.02	0.03	0.03	0.06
17	0.03	0.03	0.03	0.02	0.03	0.03	0.04
18	0.03	0.03	0.03	0.02	0.03	0.03	0.04
19	0.03	0.03	0.03	0.02	0.03	0.03	0.04
20	0.03	0.03	0.03	0.02	0.03	0.03	0.05
21	0.03	0.03	0.03	0.03	0.03	0.03	0.06
22	0.03	0.03	0.03	0.03	0.04	0.03	0.05
23	0.03	0.03	0.03	0.03	0.04	0.03	0.04
24	0.03	0.03	0.03	0.03	0.03	0.03	0.04
25	0.03	0.03	0.03	0.02	0.03	0.03	0.04
26	0.03	0.03	0.03	0.03	0.03	0.03	0.05
27	0.03	0.03	0.03	0.03	0.06	0.04	0.06
28	0.03	0.03	0.03	0.03	0.04	0.04	0.06
29	0.04	0.03	0.03	0.04	0.03	0.03	0.05
30	0.03	0.03	0.03	0.03	0.03	0.03	0.04
31	0.03	0.03	0.03	0.03	0.03	0.03	0.04

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday?	All Cl2 residuals at entry point ≥ 0.2 mg/l?
All the 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	(see back)	<input checked="" type="radio"/> Yes <input type="radio"/> No
All turbidity readings < IFE ² triggers?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Notes:		PRINTED NAME: Chad Marshall	Date: 04/08/2024
		SIGNATURE: 	Cert #: T-08843
		PHONE #: (541) 754-1758	

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum.

² IFE = Individual Filter Effluent (OAR 333-061-0040 (1) (e) (B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

Corvallis, City of ID#: 41 00225 WTP-: WTP - B							Month/Year: Mar / 2024		Required Log Inactivation: 0.5
Date	Time	Minimum Cl2 Residual at 1st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met?	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	C X T	[°C]	7.4	Use Tables	Yes / No	[GPM]
01	2300	1.37	36	49	8	7.4	31	Yes	1,667
02	0000	1.31	36	47	7	7.3	31	Yes	1,667
03	0200	1.27	36	46	7	7.3	31	Yes	1,667
04	0100	1.31	36	47	7	7.3	31	Yes	1,736
05	0200	1.27	36	46	7	7.4	31	Yes	1,736
06	1200	1.17	36	42	7	7.3	31	Yes	1,806
07	1000	1.16	36	42	7	7.3	31	Yes	1,806
08	1000	1.21	36	44	7	7.3	31	Yes	1,806
09	0400	1.21	36	44	7	7.3	31	Yes	1,875
10	0700	1.22	36	44	7	7.3	31	Yes	1,806
11	0000	1.26	36	45	8	7.4	31	Yes	1,875
12	0800	1.17	36	42	8	7.3	31	Yes	1,875
13	0000	1.29	36	46	8	7.4	31	Yes	1,806
14	0300	1.25	36	45	8	7.4	31	Yes	1,806
15	0100	1.34	36	48	8	7.4	31	Yes	1,806
16	0900	1.31	36	47	8	7.4	31	Yes	1,806
17	0800	1.29	36	46	8	7.3	31	Yes	1,806
18	0100	1.29	36	46	9	7.3	31	Yes	1,806
19	0100	1.32	36	48	10	7.3	23	Yes	1,806
20	0800	1.32	36	48	10	7.3	23	Yes	1,806
21	0900	1.22	36	44	9	7.3	31	Yes	1,875
22	1000	1.24	36	45	10	7.4	23	Yes	1,875
23	1000	1.23	36	44	10	7.4	23	Yes	1,875
24	0200	1.27	36	46	9	7.3	31	Yes	1,806
25	0100	1.30	36	47	9	7.3	31	Yes	1,806
26	0000	1.28	36	46	9	7.4	31	Yes	1,806
27	0400	1.30	36	47	10	7.2	23	Yes	1,875
28	1100	1.22	36	44	9	7.2	31	Yes	1,875
29	0000	1.29	36	46	9	7.2	31	Yes	1,806
30	0800	1.27	36	46	9	7.2	31	Yes	1,875
31	2200	1.34	36	48	10	7.3	23	Yes	1,806

³ If Cl2 at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.

Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf